

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I (we) hereby declare that my (our) residence, post office address and citizenship are as stated below next to my (our) name; I (we) believe that I am (we are) the original, first and sole inventor(s) (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention (Design, if applicable) entitled: DEVICE AND METHOD FOR AGGLOMERATION OF POWDER FOR INHALATION

specification of which (check one): ☒ is attached hereto; ☐ was filed on _____ application serial No. _____ and was amended on (or amended through) _____ (if applicable); ☐ was filed on _____ as International Application (PCT) No. _____ amended on _____ (if applicable). I (we) hereby state that I (we) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above and I (we) acknowledge the duty to disclose information known by me (us) to be material to the patentability of my (our) invention in accordance with Title 37, Code of Federal Regulations, § 1.56(a). I (we) hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application which priority is claimed.

I (We) hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application which priority is claimed.

Foreign Application(s)			Priority Claimed	
Number	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>


I (we) hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I (we) acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

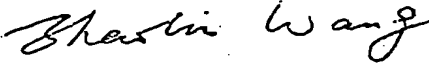
U.S. Pat. No.	(Filing date)	(Status – Patented, Pending or Abandoned)
60/430,085	December 2, 2002	Pending
_____	_____	_____

I (we) hereby declare that all statements made herein of my (our) own knowledge are true and that all statements made in good faith and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: I (we) hereby appoint as my (our) attorneys, with full powers of substitution and revocation, to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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Date Nov. 27/03	Signature 

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of FINLAY, Warren et al.

Assignee: THE GOVERNORS OF THE UNIVERSITY OF ALBERTA

Application filed: herewith

For: DEVICE AND METHOD FOR DEAGGLOMERATION OF POWDER FOR
INHALATION

ASSOCIATE POWER OF ATTORNEY

Hon. Commissioner of Patents and Trademarks
Washington, D.C. 20231
U.S.A.

SIR:

Please recognize as my associate attorneys in the above-identified application:

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Associate Power of Attorney
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Date: November 28, 2003

RESPECTFULLY SUBMITTED

BY:

A handwritten signature in dark ink, appearing to read 'Gonzalo Lavin', is written over a horizontal line.

Gonzalo LAVIN
Registration No. 52,529